PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<i>5</i> 1	, ,						
	PORATION STATEMENT,	Secre	ARTMENT OF STATE etary of State of Corporations	i i	06 FEB 17 PM 2:1	46	
DOCUMENT # P04000155011					TALL, ATE LORIDA		
COUSINO RESTORATION INC.				60 03/09/	500067464106 03/09/0601026016 **750_00		
					The second distribution of the second of the		
2. Principal Office Address 1697 DOYLE RD		3. Mailing Office Address		CR2E081 (8/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		A Data lacor	4/Date Incorporated or Qualified		
City & State		City & State		To Do Busi	To Do Business in Florida 11/15/2004		
DELTONA, FL		7:-		20-377	5. FEI Number Applied For Not Applicable		
32725	USA	Zip	Country	6. CERTIFICATE		dditional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent							
į	STANLEY M KRAWETZ 600067464106						
	1800"SECOND"STREET						
	\$U17E1803						
	ŠARASOTA				State 34236		
8. I, being appointed the registered agent of the above named experience, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent Date Many 9						2006	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors	. o. Director (t. Iorida III	Street Address of Ear Officer and/or Direct	ch	City / State / Z	ip .	
Р	FORREST D. COUSINO		26901 ECKEL RD.		PERRYSBURG, OH 43551		
V	MICHAEL T. COUSINO		26901 ECKEL RD.		PERRYSBURG, OH 43551		
V	MICHAEL 1. COUS	INO 20	901 LONLL ND		T ERRY SBORG,	01143331	
							
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: 12/27/05 SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR Daving Phone #							